

PROVIDENCE HEALTH SYSTEMS - ALASKA
PO BOX 196276
ANCHORAGE, AK 99519-6276
ADDRESS SERVICE REQUESTED

FOR THE ACCOUNT OF 05279-00884	STATEMENT DATE 10/22/05
PATIENT INFORMATION	
ADMIT: 10/06/05	DISCHARGE: 10/07/05
134777 MEDICARE OUTPATIENT	523642169A
132001 MEDICAID ALASKA	0600291160

IF PAYING BY CREDIT CARD, SEE REVERSE SIDE	
 <input type="checkbox"/> MASTERCARD	 <input type="checkbox"/> VISA
PAY THIS AMOUNT \$	
AMOUNT ENCLOSED \$	

REMIT TO

ADDRESSEE

PROVIDENCE HEALTH SYSTEMS - ALASKA
PO BOX 196276
ANCHORAGE, AK 99519-6276

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

SUMMARY STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	REVENUE CODE	QUANTITY	UNIT PRICE	TOTAL CHARGES
10/06/05	1725 DILANTIN-PHENYTOIN	300	1	166.00	166.00
10/06/05	3625 PHENOBARBITAL LEVEL	300	1	166.00	166.00
10/06/05	3635 BASIC METABOLIC PANEL (AM)	300	1	92.00	92.00
10/06/05	7788 Phlebotomy Fee	300	1	18.00	18.00
10/06/05	925 CARBAMAZEPINE-TEGRETOL	300	1	166.00	166.00
	TOTAL LABORATORY				608.00
10/06/05	99282 CLASS II-LIMITED	450	1	255.00	255.00
	TOTAL EMERGENCY ROOM				255.00
	TOTAL CHARGES				863.00

Providence Health Systems
Anchorage, Alaska
907-585-8500

ACCOUNT
05279-00884

Please note: The amounts indicated to be paid by third parties are estimated by the Providence Health Systems; however, the patient or responsible party are responsible for the total charges. Thank you.

Total Balance

PLEASE RETAIN FOR YOUR RECORDS



Alaska Region

PO Box 389668
SEATTLE WA 98138-9668

WEB: <http://www.providence.org/Alaska/cso>
WID: K11766783

TOLL-FREE: (866) 397-9269

PAGE: 1 PAKA102

IF PAYING BY MASTERCARD, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.			
 MASTERCARD	 VISA	 AMERICAN EXPRESS	
CARD NUMBER		EXP DATE (REQUIRED)	
			
SIGNATURE		AMOUNT	
STATEMENT DATE		PAY THIS AMOUNT	ACCT. #
4721 12-01-2005		863.00	527900884-0000 \$ 63.00
SHOW AMOUNT PAID HERE		\$	

© 2001 REXUS AND SPACESERVERS LTD. ALL RIGHTS RESERVED.

BD:344R (07/2021)

BALANCE DUE NOTICE

BALANCE DUE NOTICE
Thank you for choosing our facilities for your medical needs. This statement represents charges
that are due from you, as our system shows no medical insurance is outstanding for payment.
Please remit your payment in full or contact patient accounting for any assistance we can
provide. If you have a question about how your insurance benefits or co-insurance amounts were
determined, please contact your insurance company directly.

PATIENT NAME	PROVIDER	ACCOUNT #	SERVICE DATE	TOTAL CHARGES	PAYMENTS	ADJUST.	BALANCE OWING
[REDACTED]	Prov Anchorage	527900884-0000	10-06-2005	863.00	0.00	0.00	863.00

PATIENT ACCOUNTING CUSTOMER SERVICE		
WEB: http://www.providence.org/Alaska/cso		
Toll-Free	(866) 397-9269	Balance Due
		863.00
		Statement Date
		12-01-2005
		Account Number
		527900884-0000
WE ACCEPT PAYMENTS OVER THE PHONE & ONLINE		WID: K11766783

Make checks payable to:

PROVIDENCE ALASKA MEDICAL CTR
PO BOX 34158

SEATTLE WA 98124-1158

If payment in full has been recently made. Thank you.

STAT1

4721-1000TX0DU000482

PAGE. 03

EEB 08 2006 11:56

PROVIDENCE ALASKA
MEDICAL CENTER

ACCOUNT #: 0527900884

DATE OF SERVICE: 10/06/2005

CHIEF COMPLAINT: Seizure, status post assault.

HISTORY OF PRESENT ILLNESS: The patient is a very pleasant 58-year-old gentleman who was at the transit center earlier today when he was mugged after checking his ATM balance at an ATM there at 1530. The patient was able to grab onto the suspect who then took off his sweater and left the patient with the ~~sweater~~. The suspect was caught by security. However, the increased stress during this event caused the patient to feel "woozy" and he has felt that "his brain is pulsating." He states he had two petite mal seizures at home today. He has not had a seizure for approximately two to three months.

REVIEW OF SYSTEMS: He said he has had no headache, no nausea, no vomiting, no fever, no chills, no chest pain, no abdominal pain, no weakness, no loss of bowel or bladder function, no tongue biting. He only admits to the seizures and the aura.

PAST MEDICAL HISTORY: Epilepsy since birth and nephritis of one kidney.

PAST SURGICAL HISTORY: Vagal nerve stimulator.

CURRENT MEDICATIONS:

1. Dilantin.
2. Phenobarbital.
3. Keppra.
4. Folic acid.

ALLERGIES: No known medical allergies.

SOCIAL HISTORY: He sees Dr. Aiken, his neurologist, and has an appointment with Dr. Aiken on October, 11, 2005, which is already scheduled. The patient lives in Anchorage. He does not smoke, drink or use drugs.

FAMILY HISTORY: Positive for mother with thyroid disease and sister with epilepsy.

PHYSICAL EXAMINATION:

VITAL SIGNS: Heart rate 84, respirations 20, blood pressure 133/85, temperature 96.7 and oxygen saturation of 97%.

GENERAL: He is a very pleasant male in no acute distress.

HEENT: Head is atraumatic, normocephalic. He is PERRLA and EOMI. He has no signs of nystagmus. His TMs are clear bilaterally with good light reflex. His oropharynx is clear without erythema or exudate. His mucosa is moist.

NECK: Supple with full range of motion.

CARDIOVASCULAR: Regular rate and rhythm without murmur, gallop, rubs.

LUNGS: Clear to auscultation bilaterally.

001880995/ra/D 10/07/2005 3:43 A/T 10/08/2005 8:32 P

EMERGENCY ROOM REPORT

NAME: [REDACTED] DOB: [REDACTED]

ADMIT DATE: 10/06/2005

BILLING #: A0527900884

DISCHARGE DATE: 10/07/2005

PHYSICIAN: Gina Wilson-Ramirez, MD

MR#: 00-04-95-80

PT TYPE: ESD

PT CLASS: E/R

Printed 12/6/05 2:49 PM
Page #1ORIGINAL

**PROVIDENCE ALASKA
MEDICAL CENTER**

ABDOMEN: Soft, nontender, no rebound, no guarding. He ambulates without any difficulty.

EXTREMITIES: He moves all four extremities well with 5/5 muscle strength.

NEUROLOGICAL: He is alert and orientated x3. He has a Glasgow Coma Scale of 15.

EMERGENCY DEPARTMENT COURSE: He had phenobarbital level, which is 37.9. His Dilantin level was 14.7 and his BMP was normal. The patient had no symptoms of seizures while in the emergency department.

DIAGNOSIS: Seizure disorder.

PLAN: The patient is to continue his normal medicine regimen and follow up with Dr. Aiken or in the emergency department p.r.n. any problems. He will take a cab home.

Electronically Authenticated

Gina Wilson-Ramirez, MD 10/19/2005 12:57 _____
Gina Wilson-Ramirez, MD

cc: Gina Wilson-Ramirez, MD

001880995/tra/D: 10/07/2005 3:43 A/T: 10/08/2005 8:32 P

NAME: [REDACTED] A DOB: 02/26/1947

BILLING #: A0527900884

PHYSICIAN: Gina Wilson-Ramirez, MD

PT TYPE: ESD

EMERGENCY ROOM REPORT

ADMIT DATE: 10/06/2005

DISCHARGE DATE: 10/07/2005

MR#: 00-04-95-80

PT CLASS: E/R

Printed 12/6/05 2:49 PM
Page #2ORIGINAL